



MEDICAL BOARD OF CALIFORNIA  
**BOARD OF PODIATRIC MEDICINE**  
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[www.dca.ca.gov/bpm](http://www.dca.ca.gov/bpm)

## MEMORANDUM OF UNDERSTANDING FOR “CANDIDATE STATUS” RESIDENCY PROGRAM PARTICIPATION

I, \_\_\_\_\_, have accepted a residency with \_\_\_\_\_. I am fully aware that the residency program has only “**candidate status**” with the Council on Podiatric Medical Education and that there is no assurance the program will be formally approved, thereby meeting the postgraduate training requirements for licensure in California.

I am further aware that after completing and filing a licensure application, I will be issued a resident’s license by the Board of Podiatric Medicine for practice only in the above-designated residency program. Should the program at any time be notified that it will **not** be approved by the Council on Podiatric Medical Education, I will upon that date surrender my resident’s license. I am entering this program with full knowledge that if the program should **not** be approved by the Council on Podiatric Medical Education, or if that approval is **not** retroactive to the time period in which I was a program participant, no time spent in the postgraduate training program will be credited towards the California licensure requirement.

*I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above information.*

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_.  
 Signature of Applicant                      Print Name                      Date

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